



DEPARTMENT OF LIQUOR CONTROL

Isaiah Leggett
County Executive

George F. Griffin
Director

NEW VENDOR REQUEST

Vendor Name: _____

Vendor Number: _____

Remittance Address: _____

Vendor Phone Number: _____

Vendor Fax Number: _____

Vendor Contact Name: _____

Vendor Contact Phone Number: _____

Maryland Permit Number: _____

Federal Taxpayer ID Number: _____

Promotion/Depletion Allowance bill back Information:

Name: _____ **Phone:** _____

Address: _____

Note: IRS Regulations state that Vendor Name and Federal Taxpayer ID # or Social Security # must match. There is a penalty for any Taxpayer Identification Number or Social Security Number incorrectly reported within two consecutive years.

Please FAX this **completed** form to: Department of Liquor Control
FAX # 240.777.6642
Attn: Natasha Joseph-Wilkerson

